

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

09/701868

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51						
2		1					52						
3							53						
4		1					54						
5							55						
6		1					56						
7							57						
8		1					58						
9							59						
10		1					60						
11							61						
12		1					62						
13							63						
14		1					64						
15							65						
16		1					66						
17							67						
18		1					68						
19	1						69						
20							70						
21		1					71						
22	1						72						
23		1					73						
24							74						
25		1					75						
26							76						
27	1						77						
28		1					78						
29		2					79						
30		2					80						
31		2					81						
32		2					82						
33							83						
34							84						
35							85						
36							86						
37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	5	↓		↓		↓	TOTAL IND.	↓		↓		↓	
TOTAL DEP.	31	←		←		←	TOTAL DEP.	←		←		←	
TOTAL CLAIMS	36						TOTAL CLAIMS						

\* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

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